

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Minnesota

Case number (If known): _____ Chapter you are filing under:



Chapter 7



Chapter 11



Chapter 12



Chapter 13



Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Aaron

First name

Eugene

Middle name

Burden

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

EDWON GLOBAL LLC

Business name (if applicable)

Doordash

Business name (if applicable)

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 0 4 5 0

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

Debtor 1	Aaron	Eugene	Burden	
	First Name	Middle Name	Last Name	Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Your Employer Identification Number (EIN), if any.

____ - ____ - ____
EIN

____ - ____ - ____
EIN

____ - ____ - ____
EIN

____ - ____ - ____
EIN

5. Where you live

If Debtor 2 lives at a different address:

1045 Cleveland Ave S Apt 16
Number Street

Number Street

Saint Paul, MN 55116-3820
City State ZIP Code

City State ZIP Code

Ramsey
County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408)

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No.
- ☐ Yes. District _____ When _____ Case number _____
 MM / DD / YYYY
- District _____ When _____ Case number _____
 MM / DD / YYYY
- District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No.
- ☐ Yes. Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY
- Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 MM / DD / YYYY

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Aaron** **Eugene** **Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

- ☐ No. Go to Part 4.
☒ Yes. Name and location of business

Doordash

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☒ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

Aaron

Eugene

Burden

First Name

Middle Name

Last Name

Case number (if known) _____

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

- 14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**



No.



Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

Aaron

First Name

Eugene

Middle Name

Burden

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts.

- 17. Are you filing under Chapter 7?** ☐ No. I am not filing under Chapter 7. Go to line 18.
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000 ☐ 50,000-100,000 ☐ More than 100,000
☐ 50-99 ☐ 5,001-10,000
☐ 100-199 ☐ 10,001-25,000
☐ 200-999
- 19. How much do you estimate your assets to be worth?**
- ☒ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion
- 20. How much do you estimate your liabilities to be?**
- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
☒ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X s/ Aaron Eugene Burden
 Aaron Eugene Burden, Debtor 1
 Executed on 01/03/2025
 MM/ DD/ YYYY

Debtor 1

Aaron

First Name

Eugene

Middle Name

Burden

Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

s/ Andrew Walker

Signature of Attorney for Debtor

Date **01/03/2025**

MM / DD / YYYY

Andrew Walker

Printed name

Walker & Walker Law Offices, PLLC

Firm name

4356 Nicollet Ave

Number Street

Minneapolis

City

MN

State

55409

ZIP Code

Contact phone **(612) 824-4357**

Email address **andrew@bankruptcytruth.com**

0392525

Bar number

MN

State

Debtor 1	Aaron	Eugene	Burden
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>Minnesota</u>			
Case number			

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

3.1 Make: Jeep Who has an interest in the property? Check one.
 Model: Compass ☒ Debtor 1 only
 Year: 2023 ☐ Debtor 2 only
 Approximate mileage: 20,000 ☐ Debtor 1 and Debtor 2 only
 Other information: ☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$21,358.00 Current value of the portion you own? \$21,358.00

Source of Value: KBB

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

4.1 Make: _____ Who has an interest in the property? Check one.
 Model: _____ ☐ Debtor 1 only
 Year: _____ ☐ Debtor 2 only
 Other information: ☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____ Current value of the portion you own? _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$21,358.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No
☒ Yes. Describe.

Typical household goods and furnishing, with no one item over \$650.

\$4,000.00

7. **Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No
☒ Yes. Describe.

32" TV - \$50, 32" TV - \$50
 Samsung Galaxy cell phone - \$200
 Laptop Computer - \$300
 Printer - \$25

\$625.00

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.

Normal wearing apparel

\$800.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.

Wedding band - \$200

\$200.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here



\$5,625.00

Part 4: Describe Your Financial Assets

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.												
16. Cash <i>Examples:</i> Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cash: \$0.00													
17. Deposits of money <i>Examples:</i> Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Institution name: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 35%;">17.1. Checking account:</td> <td style="width: 40%;">USAA Account Number: 1678</td> <td style="width: 25%; text-align: right;">\$773.70</td> </tr> <tr> <td>17.2. Checking account:</td> <td>USAA Account Number: 3996</td> <td style="text-align: right;">(\$601.00)</td> </tr> <tr> <td>17.3. Savings account:</td> <td>USAA Account Number: 4003</td> <td style="text-align: right;">\$0.02</td> </tr> </table>		17.1. Checking account:	USAA Account Number: 1678	\$773.70	17.2. Checking account:	USAA Account Number: 3996	(\$601.00)	17.3. Savings account:	USAA Account Number: 4003	\$0.02			
17.1. Checking account:	USAA Account Number: 1678	\$773.70											
17.2. Checking account:	USAA Account Number: 3996	(\$601.00)											
17.3. Savings account:	USAA Account Number: 4003	\$0.02											
18. Bonds, mutual funds, or publicly traded stocks <i>Examples:</i> Bond funds, investment accounts with brokerage firms, money market accounts <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Institution or issuer name: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">Webull taxable brokerage</td> <td style="width: 30%; text-align: right;">\$0.55</td> </tr> </table>		Webull taxable brokerage	\$0.55										
Webull taxable brokerage	\$0.55												
19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Give specific information about them..... <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 40%;">Name of entity:</td> <td style="width: 20%;">% of ownership:</td> <td style="width: 40%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>		Name of entity:	% of ownership:		_____	_____	_____	_____	_____	_____	_____	_____	_____
Name of entity:	% of ownership:												
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific
information about
them.....

Issuer name:

_____	_____
_____	_____
_____	_____

21. **Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each
account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes Issuer name and description:

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them. ...

--

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

--

27. **Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

--

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Debtor does not expect to receive a 2024 Federal Tax Refund.

Debtor does not expect to receive a 2023 Minnesota Income Tax refund

Estimated 2024 Renter's refund owed to debtor

Federal: \$0.00

State: \$343.50

Local: _____

29. **Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. **Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information.

Estimated earned unpaid wages

\$1,141.61

31. **Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$1,658.38

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe.

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

41. Inventory

☒ No

☐ Yes. Describe.

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe

Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$0.00

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes

48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information.

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information.

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$0.00

56. Part 2: Total vehicles, line 5

\$21,358.00

57. Part 3: Total personal and household items, line 15

\$5,625.00

Debtor **Burden, Aaron Eugene**

Case number (if known) _____

58.	Part 4: Total financial assets, line 36	<u>\$1,658.38</u>	
59.	Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60.	Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61.	Part 7: Total other property not listed, line 54	+ <u>\$0.00</u>	
62.	Total personal property. Add lines 56 through 61.	<u>\$28,641.38</u>	Copy personal property total → + <u>\$28,641.38</u>
63.	Total of all property on Schedule A/B. Add line 55 + line 62.		<u>\$28,641.38</u>

Fill in this information to identify your case:

Debtor 1	Aaron	Eugene	Burden
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of	Minnesota		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Typical household goods and furnishing, with no one item over \$650.	\$4,000.00	<input checked="" type="checkbox"/> \$4,000.00	11 U.S.C. § 522(d)(3)
Line from <i>Schedule A/B</i> : 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1

Aaron**Eugene****Burden**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 32" TV - \$50, 32" TV - \$50 Samsung Galaxy cell phone - \$200 Laptop Computer - \$300 Printer - \$25	\$625.00	<input checked="" type="checkbox"/> \$625.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 7		<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Normal wearing apparel	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Line from Schedule A/B: 11			
Brief description: Wedding band - \$200	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Line from Schedule A/B: 12			
Brief description: USAA Savings account Acct. No.: 4003	\$0.02	<input checked="" type="checkbox"/> \$0.02 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17			
Brief description: USAA Checking account Acct. No.: 1678	\$773.70	<input checked="" type="checkbox"/> \$773.70 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17			
Brief description: Webull taxable brokerage	\$0.55	<input checked="" type="checkbox"/> \$0.55 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 18			
Brief description: Estimated 2024 Renter's refund owed to debtor State tax	\$343.50	<input checked="" type="checkbox"/> \$343.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 28			

Debtor 1

Aaron **Eugene** **Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: Estimated earned unpaid wages	\$1,141.61	<input checked="" type="checkbox"/> \$1,141.61	11 U.S.C. § 522(d)(5)
Line from <i>Schedule A/B</i> : 30		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1 Aaron Eugene Burden
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
-----------------------------------------------------------------------	----------------------------------------------------------	-----------------------------------------

2.1	CAPITAL ONE AUTO FINANCE	Describe the property that secures the claim:	\$33,807.00	\$21,358.00	\$12,449.00
-----	--------------------------	-----------------------------------------------	-------------	-------------	-------------

Creditor's Name
PO BOX 260848
 Number Street

PLANO, TX 75026-0848
 City State ZIP Code

2023 Jeep Compass

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$33,807.00

Fill in this information to identify your case:

Debtor 1 Aaron Eugene Burden
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Minnesota

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims.

If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	CANDACE BAKER	Last 4 digits of account number <u> </u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
-----	----------------------	-----------------------------------------------	----------------	----------------	----------------

Priority Creditor's Name

1600 E CENTURY AVE STE 7

Number Street

When was the debt incurred?

BISMARCK, ND 58503-0649

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☒ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
2.2	INTERNAL REVENUE SERVICE Priority Creditor's Name PO BOX 7346 Number Street PHILADELPHIA, PA 19101-7346 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	_____ _____ _____	\$6,000.00	\$6,000.00	\$0.00	
2.3	NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES Priority Creditor's Name 600 E BOULEVARD AVE Number Street BISMARCK, ND 58505-0601 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	_____ _____ _____	_____ _____ _____	unknown	unknown	unknown

Debtor 1

Aaron**Eugene****Burden**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	ABSOLUTE RESOLUTIONS INVESTMENTS, LLC.	Last 4 digits of account number _____	Total claim \$939.00
	Nonpriority Creditor's Name	When was the debt incurred? _____	
	591 CAMINO DE LA REINA STE 1219		
	Number Street	As of the date you file, the claim is: Check all that apply.	
	SAN DIEGO, CA 92108-3114	<input type="checkbox"/> Contingent	
	City State ZIP Code	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

4.2	AFFIRM	Last 4 digits of account number _____	\$100.00
	Nonpriority Creditor's Name	When was the debt incurred? _____	
	633 FOLSOM ST FL 7		
	Number Street	As of the date you file, the claim is: Check all that apply.	
	SAN FRANCISCO, CA 94107-3618	<input type="checkbox"/> Contingent	
	City State ZIP Code	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> At least one of the debtors and another	<input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.3	AMAZON <hr/> Nonpriority Creditor's Name 1260 MERCER ST <hr/> Number Street <hr/> SEATTLE, WA 98109 <hr/> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,000.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<p>Type of NONPRIORITY unsecured claim:</p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>			

4.4	BAYSHORE CAPITAL <hr/> Nonpriority Creditor's Name 199 BAY STREET, SUITE 2900 P.O. BOX 459. <hr/> Number Street <hr/> TORONTO, <hr/> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<p>Type of NONPRIORITY unsecured claim:</p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>			

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5 CAPITAL ONE Last 4 digits of account number _____ **\$1,109.00**

Nonpriority Creditor's Name

PO BOX 31293

Number

Street

SALT LAKE CITY, UT 84131

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

4.6 CLINE AVENUE BRIDGE Last 4 digits of account number _____ **\$23.00**

Nonpriority Creditor's Name

O BOX 855338. MINNEAPOLIS, MN 55485

Number

Street

MINNEAPOLIS, MN 55485-0001

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7	COMCAST/XFINITY <hr/> Nonpriority Creditor's Name 9602 S 300 W STE B <hr/> Number Street <hr/> SANDY, UT 84070 <hr/> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$500.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<p>Type of NONPRIORITY unsecured claim:</p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>			

4.8	CREDENCE RESOURCE MANAGEMENT LLC <hr/> Nonpriority Creditor's Name PO BOX 1253 <hr/> Number Street <hr/> SOUTHGATE, MI 48195-0253 <hr/> City State ZIP Code	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$204.00
<p>Who incurred the debt? Check one.</p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
<p>Is the claim subject to offset?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<p>Type of NONPRIORITY unsecured claim:</p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>			

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9	DISCOVER BANK <hr/> Nonpriority Creditor's Name CMS/PROD DEVELOP <hr/> PO BOX BO 15316 <hr/> Number _____ Street _____ WILMINGTON, DE 19850 <hr/> City _____ State _____ ZIP Code _____	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u>	\$5,749.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
4.10	EDWIGE HABAMUNGU MUBONZI <hr/> Nonpriority Creditor's Name 1045 CLEVELAND AVE S APT 16 <hr/> Number _____ Street _____ <hr/> SAINT PAUL, MN 55116-3820 <hr/> City _____ State _____ ZIP Code _____	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Attorney's Fees</u>	\$1,847.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.11 ENTERPRISE RENTAL CARS Last 4 digits of account number _____ **\$2,000.00**

Nonpriority Creditor's Name

110 S 10TH ST

Number

Street

MINNEAPOLIS, MN 55403-2516

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

4.12 FIGURE LENDING Last 4 digits of account number _____ **\$8,231.00**

Nonpriority Creditor's Name

15720 BRIXHAM HILL AVE 300

Number

Street

CHARLOTTE, NC 28277

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.13 GROW CREDIT Last 4 digits of account number _____ **\$40.00**

Nonpriority Creditor's Name

1447 2ND ST STE 20

Number

Street

SANTA MONICA, CA 90401-3404

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

4.14 IHEALTH Last 4 digits of account number _____ **\$20.00**

Nonpriority Creditor's Name

PO BOX 860596

Number

Street

MINNEAPOLIS, MN 55486-0525

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.15 **ILLINOIS TOLLWAY** Last 4 digits of account number _____ **\$422.00**

Nonpriority Creditor's Name

PO BOX 5544

Number

Street

CHICAGO, IL 60680-5491

City

State

ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

4.16 **KLARNA INC** Last 4 digits of account number _____ **\$214.00**

Nonpriority Creditor's Name

629 N HIGH ST FL 300

Number

Street

COLUMBUS, OH 43215-2929

City

State

ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.17 **LIFEBACK LAW FIRM BANKRUPTCY** Last 4 digits of account number _____ **unknown**

Nonpriority Creditor's Name

1500 1ST AVE NE STE 111B

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

ROCHESTER, MN 55906-4170

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

4.18 **MAYO CLINIC** Last 4 digits of account number _____ **\$5,000.00**

Nonpriority Creditor's Name

200 1ST ST SW

Number

Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

ROCHESTER, MN 55905-0001

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical Bill**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19 **MESSERLI & KRAMER** Last 4 digits of account number _____ **unknown**

Nonpriority Creditor's Name

When was the debt incurred? _____

3033 CAMPUS DR

Number

Street

As of the date you file, the claim is: Check all that apply.

PLYMOUTH, MN 55441-2651

City

State

ZIP Code

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

4.20 **MINNESOTA UROLOGY P.A.** Last 4 digits of account number _____ **\$320.00**

Nonpriority Creditor's Name

When was the debt incurred? _____

PO BOX 14000

Number

Street

As of the date you file, the claim is: Check all that apply.

BELFAST, ME 04915-4033

City

State

ZIP Code

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.21 **NAVY FEDERAL CREDIT UNION** Last 4 digits of account number _____ **\$4,043.00**

Nonpriority Creditor's Name

When was the debt incurred? _____

GENERAL CORRESPONDENCE

PO BOX 3000

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

MERRIFIELD, VA 22119-3000

☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

4.22 **SEZZLE INC** Last 4 digits of account number _____ **\$185.00**

Nonpriority Creditor's Name

When was the debt incurred? _____

251 1ST AVE N

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

MINNEAPOLIS, MN 55401-1644

☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify **Collection Agency**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.23 **SPRING OAKS CAPITAL** Last 4 digits of account number _____ **\$7,606.00**

Nonpriority Creditor's Name

1400 CROSSWAYS BLVD STE 100B

Number

Street

CHESAPEAKE, VA 23320

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

4.24 **UNITED ACCOUNTS INC** Last 4 digits of account number _____ **\$727.00**

Nonpriority Creditor's Name

COLLECTIONS

PO BOX 9331

Number

Street

FARGO, ND 58106-9331

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collection Agency**

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.25 UPSTART Last 4 digits of account number _____ **\$7,630.00**

Nonpriority Creditor's Name

756 E WINCHESTER STREET STE 100

Number

Street

SALT LAKE CITY, UT 84107

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

4.26 US BANK CACS CC Last 4 digits of account number _____ **\$3,863.00**

Nonpriority Creditor's Name

PO BOX 108

Number

Street

SAINT LOUIS, MO 63166-0108

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

Aaron **Eugene** **Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27 **USCB AMERICA** Last 4 digits of account number _____ **unknown**

Nonpriority Creditor's Name

355 S GRAND AVE 3200 BOX 306

Number Street

LOS ANGELES, CA 90071-1560

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Consumer Debt**

4.28 **WALKER & WALKER LAW OFFICE** Last 4 digits of account number _____ **\$1,847.00**

Nonpriority Creditor's Name

4356 NICOLLET AVE

Number Street

MINNEAPOLIS, MN 55409-2033

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Attorney's Fees**

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.29 **ZIP INC** Last 4 digits of account number _____ **\$100.00**

Nonpriority Creditor's Name

PMB 59872

228 PARK AVE S

Number Street

NEW YORK, NY 10003-1502

City State ZIP Code

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Consumer Debt**

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1

Aaron**Eugene****Burden**

Case number (if known) _____

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$6,000.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <u>\$6,000.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$56,719.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$56,719.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<u>Highland Terrace</u> Name <u>1045 Cleveland Ave S</u> Number Street <u>Saint Paul, MN 55116-1841</u> City State ZIP Code	Rent Contract to be ASSUMED
2.2	_____ Name _____ Number Street _____ City State ZIP Code	
2.3	_____ Name _____ Number Street _____ City State ZIP Code	
2.4	_____ Name _____ Number Street _____ City State ZIP Code	

Fill in this information to identify your case:

Debtor 1 **Aaron Eugene Burden**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of **Minnesota**

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

 Name

 Number Street

 City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed ☐ Not Employed☐ Employed ☒ Not Employed

Occupation

Commercial Driver

Employer's name

J.B. Hunt Transport, Inc.

Employer's address

615 J B Hunt Corporate Dr

Number Street

Number Street

Lowell, AR 72745-9143

City

State

Zip Code

City

State

Zip Code

How long employed there? 5 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2.

\$5,812.85\$0.00

3. Estimate and list monthly overtime pay.

3.

+ \$0.00+ \$0.00

4. Calculate gross income. Add line 2 + line 3.

4.

\$5,812.85\$0.00

Debtor 1

Aaron

Eugene

Burden

Case number (if known) _____

First Name

Middle Name

Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$5,812.85	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$869.68	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$0.00	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. +	\$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$869.68	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,943.17	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$402.35	\$2,016.67
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. +	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$402.35	\$2,016.67
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$5,345.52	\$2,016.67
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$7,362.19
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain:			

Debtor 1 **Aaron** **Eugene** **Burden** Case number (if known) _____
First Name Middle Name Last Name

8a. Attached Statement

DoorDash Business Income

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: \$402.35

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS \$0.00

3. Other Expenses

TOTAL OTHER EXPENSES \$0.00

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21)

\$0.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$402.35

Debtor 1 Aaron Eugene Burden Case number (if known) _____
First Name Middle Name Last Name

8a. Attached Statement

Bulltrix Trading 1099 Income

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: \$2,016.67

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts

TOTAL PAYMENTS TO SECURED CREDITORS \$0.00

3. Other Expenses

TOTAL OTHER EXPENSES \$0.00

4. TOTAL MONTHLY EXPENSES(Add item 2 - 21) \$0.00

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

5. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$2,016.67

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Child</u>	<u>11</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u>Child</u>	<u>9</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
<u> </u>	<u> </u>	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
<u> </u>	<u> </u>	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
<u> </u>	<u> </u>	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,700.00

If not included in line 4:

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$0.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

Debtor 1

Aaron

Eugene

Burden

First Name

Middle Name

Last Name

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. <u>\$0.00</u>
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. <u>\$250.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$545.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	Food and housekeeping supplies	7. <u>\$1,225.00</u>
8.	Childcare and children's education costs	8. <u>\$0.00</u>
9.	Clothing, laundry, and dry cleaning	9. <u>\$300.00</u>
10.	Personal care products and services	10. <u>\$97.00</u>
11.	Medical and dental expenses	11. <u>\$450.00</u>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$500.00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$170.00</u>
14.	Charitable contributions and religious donations	14. <u>\$0.00</u>
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$0.00</u>
15c.	Vehicle insurance	15c. <u>\$350.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 <u>2023 Jeep Compass</u>	17a. <u>\$689.00</u>
17b.	Car payments for Vehicle 2	17b. <u>\$0.00</u>
17c.	Other. Specify: _____	17c. <u>\$0.00</u>
17d.	Other. Specify: _____	17d. <u>\$0.00</u>
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18. <u>\$0.00</u>
19.	Other payments you make to support others who do not live with you. Specify: _____	19. <u>\$0.00</u>
20.	Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1

Aaron

Eugene

Burden

First Name

Middle Name

Last Name

Case number (if known) _____

21. **Other.** Specify: Child support

21. + \$1,082.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$7,358.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$7,358.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. \$7,362.19

23b. Copy your monthly expenses from line 22c above.

23b. - \$7,358.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$4.19

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	<u>\$28,641.38</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	<u>\$28,641.38</u>

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	<u>\$33,807.00</u>
-----------------------------------------------------------------------------------------------------------------------------------------	--------------------

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	<u>\$6,000.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	<u>\$56,719.00</u>

Your total liabilities

\$96,526.00

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i>	<u>\$7,362.19</u>
---------------------------------------------------------------------------	-------------------

5. **Schedule J: Your Expenses** (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i>	<u>\$7,358.00</u>
---------------------------------------------------------------------	-------------------

Debtor 1 Aaron Eugene Burden Case number (if known) _____
 First Name Middle Name Last Name

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$6,600.90

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$6,000.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$6,000.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?



No



Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

s/ Aaron Eugene Burden

Aaron Eugene Burden, Debtor 1

Date 01/03/2025

MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
- ☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	
<input type="checkbox"/> Same as Debtor 1		<input type="checkbox"/> Same as Debtor 1	
_____ Number Street	From _____ To _____	_____ Number Street	From _____ To _____
_____ City State ZIP Code		_____ City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$1,342.46</u> <u>\$0.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$62,029.38</u> <u>\$2,860.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<u>\$88,736.00</u> <u>\$0.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	_____	_____	_____	_____
For last calendar year: (January 1 to December 31, <u>2024</u>) YYYY	_____	_____	_____	_____
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYYY	_____	_____	_____	_____

Debtor 1 **Aaron Eugene Burden**
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____	_____	_____	_____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____		_____	<input type="checkbox"/> Pending
_____		Court Name _____	<input type="checkbox"/> On appeal
Case number _____		Number _____ Street _____	<input type="checkbox"/> Concluded
		City _____ State _____ ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
 Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
- ☐ Yes. Fill in the information below.

Debtor 1	Aaron	Eugene	Burden	Case number (if known) _____
	First Name	Middle Name	Last Name	

<div>Creditor's Name</div> <div>Number Street</div> <div></div> <div>City State ZIP Code</div>	<table border="1"><thead><tr><th>Describe the property</th><th>Date</th><th>Value of the property</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td colspan="3">Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.</td></tr></tbody></table>	Describe the property	Date	Value of the property				Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property								
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.										

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	<table border="1"><thead><tr><th>Describe the action the creditor took</th><th>Date action was taken</th><th>Amount</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table>	Describe the action the creditor took	Date action was taken	Amount			
Describe the action the creditor took	Date action was taken	Amount					

Last 4 digits of account number: XXXX- _ _ _ _

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number Street City State ZIP Code Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ Number Street City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Debtor 1 **Aaron Eugene Burden**
 First Name Middle Name Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Aaron	Eugene	Burden	Case number (if known) _____
	First Name	Middle Name	Last Name	

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you _____			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?
(These are often called *asset-protection devices*.)

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____ _____		

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
- ☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Capital One Name of Financial Institution PO Box 31293 Number Street Salt Lake City, UT 84131 City State ZIP Code	XXXX- _____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	<u>01/03/2025</u>	<u>\$0.00</u>

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Aaron	Eugene	Burden	Case number (if known) _____
	First Name	Middle Name	Last Name	

		Who else had access to it?	Describe the contents	Do you still have it?
_____ Name of Financial Institution		_____ Name	<div style="border: 1px solid black; height: 150px;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____ Number Street		_____ Number Street		
_____ City State ZIP Code		_____ City State ZIP Code		
_____ City State ZIP Code				

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
- ☐ Yes. Fill in the details.

		Who else has or had access to it?	Describe the contents	Do you still have it?
_____ Name of Storage Facility		_____ Name	<div style="border: 1px solid black; height: 150px;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____ Number Street		_____ Number Street		
_____ City State ZIP Code		_____ City State ZIP Code		
_____ City State ZIP Code				

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
- ☐ Yes. Fill in the details.

		Where is the property?	Describe the property	Value
_____ Owner's Name		_____ Number Street	<div style="border: 1px solid black; height: 150px;"></div>	_____
_____ Number Street		_____ City State ZIP Code		
_____ City State ZIP Code				
_____ City State ZIP Code				

Debtor 1 **Aaron Eugene Burden** Case number (if known) _____
 First Name Middle Name Last Name

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____		<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	_____
Number Street _____ Number Street _____			
City State ZIP Code _____			
City State ZIP Code _____			

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____		<div style="border: 1px solid black; height: 50px; width: 100%;"></div>	_____
Number Street _____ Number Street _____			
City State ZIP Code _____			
City State ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1	Aaron	Eugene	Burden	Case number (if known) _____
	First Name	Middle Name	Last Name	

Court or agency	Nature of the case	Status of the case
Case title _____ _____ Court Name _____ _____ Number _____ Street _____ _____ Case number _____ City _____ State _____ ZIP Code _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
- ☒ Yes. Check all that apply above and fill in the details below for each business.

EDWON GLOBAL LLC

Name

333 Washington Ave

Number Street

Minneapolis, MN 55401

City State ZIP Code

Describe the nature of the business

Employer Identification number
Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From 11/9/2020 To 02/04/2022

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Debtor 1

Aaron

Eugene

Burden

First Name

Middle Name

Last Name

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X s/ Aaron Eugene Burden
Signature of Aaron Eugene Burden, Debtor 1

Date 01/03/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: <u>Capital One Auto Finance</u>	<input type="checkbox"/> Surrender the property.	<input checked="" type="checkbox"/> No
Description of property securing debt: <u>2023 Jeep Compass</u>	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input checked="" type="checkbox"/> Retain the property and [explain]:	

Debtor 1 **Aaron** **Eugene** **Burden**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name: Highland Terrace</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property: Rent</div> <div style="width: 35%;"> <input checked="" type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name:</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property:</div> <div style="width: 35%;"> <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name:</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property:</div> <div style="width: 35%;"> <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name:</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property:</div> <div style="width: 35%;"> <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name:</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property:</div> <div style="width: 35%;"> <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name:</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property:</div> <div style="width: 35%;"> <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name:</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property:</div> <div style="width: 35%;"> <input type="checkbox"/> Yes </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Lessor's name:</div> <div style="width: 35%;"> <input type="checkbox"/> No </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Description of leased property:</div> <div style="width: 35%;"> <input type="checkbox"/> Yes </div> </div>	

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X s/ Aaron Eugene Burden
 Signature of Debtor 1

Date 01/03/2025
 MM/ DD/ YYYY

LOCAL FORM 1007-1
REVISED 06/16

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA**

In re: Burden, Aaron Eugene

Case No.

Debtor(s).

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:

\$1,847.00

Prior to the filing of this statement I have received:

\$0.00

Balance Due

\$1,847.00

2. The source of the compensation paid to me was:

☒ Debtor

☐ Other (specify) _____

3. The source of the compensation to be paid to me is:

☐ Debtor

☒ Other (specify)

Edwige Habamungu Mubonzi, 1045 Cleveland Ave S Apt 16, Saint Paul,
MN 55116-3820

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

- A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- D. Representation of the debtor in contested bankruptcy matters; and
- E. Other services reasonably necessary to represent the debtor(s).

LOCAL FORM 1007-1
REVISED 06/16

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Date: 01/03/2025

s/ Andrew Walker
Signature of Attorney

Fill in this information to identify your case:

Debtor 1	<u>Aaron</u>	<u>Eugene</u>	<u>Burden</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of Minnesota</u>		
Case number (if known)	_____		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☒ Married and your spouse is NOT filing with you. You and your spouse are:
- ☒ Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse																								
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$4,181.88</u>	<u>\$0.00</u>																								
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>																								
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>																								
5. Net income from operating a business, profession, or farm	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$402.35</u></td> <td><u>\$2,016.67</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>\$402.35</u></td> <td><u>\$2,016.67</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$402.35</u>	<u>\$2,016.67</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from a business, profession, or farm	<u>\$402.35</u>	<u>\$2,016.67</u>	<table border="0"> <tr> <td></td> <td>Debtor 1</td> <td>Debtor 2</td> </tr> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>- <u>\$0.00</u></td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td><u>\$0.00</u></td> </tr> </table>		Debtor 1	Debtor 2	Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>	Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>	Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>
	Debtor 1	Debtor 2																								
Gross receipts (before all deductions)	<u>\$402.35</u>	<u>\$2,016.67</u>																								
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>																								
Net monthly income from a business, profession, or farm	<u>\$402.35</u>	<u>\$2,016.67</u>																								
	Debtor 1	Debtor 2																								
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>																								
Ordinary and necessary operating expenses	- <u>\$0.00</u>	- <u>\$0.00</u>																								
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>																								
6. Net income from rental and other real property	<u>\$0.00</u>	<u>\$0.00</u>																								
7. Interest, dividends, and royalties	<u>\$0.00</u>	<u>\$0.00</u>																								

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: \downarrow For you..... \$0.00For your spouse..... \$0.00\$0.00\$0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00\$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ \$4,584.23+ \$2,016.67= \$6,600.90

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here \rightarrow \$6,600.90

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b.

\$79,210.80**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

Minnesota

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household..... 13.

\$140,800.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Aaron

Eugene

Burden

Case number (if known)

First Name

Middle Name

Last Name

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X

s/ Aaron Eugene Burden

Signature of Debtor 1

Date 01/03/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA
ST. PAUL DIVISION

IN RE: **Burden, Aaron Eugene**

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **01/03/2025**

Signature **s/ Aaron Eugene Burden**
Aaron Eugene Burden, Debtor

ABSOLUTE RESOLUTIONS
INVESTMENTS, LLC.
591 CAMINO DE LA REINA STE 1219
SAN DIEGO, CA 92108-3114

AFFIRM
633 FOLSOM ST FL 7
SAN FRANCISCO, CA 94107-3618

AMAZON
1260 MERCER ST
SEATTLE, WA 98109

BAYSHORE CAPITAL
199 BAY STREET, SUITE 2900 P.O. BOX
459.
TORONTO

CANDACE BAKER
1600 E CENTURY AVE STE 7
BISMARCK, ND 58503-0649

CAPITAL ONE
PO BOX 31293
SALT LAKE CITY, UT 84131

CAPITAL ONE AUTO FINANCE
PO BOX 260848
PLANO, TX 75026-0848

CLINE AVENUE BRIDGE
O BOX 855338. MINNEAPOLIS, MN 55485
MINNEAPOLIS, MN 55485-0001

COMCAST/XFINITY
9602 S 300 W STE B
SANDY, UT 84070

CREDENCE RESOURCE
MANAGEMENT LLC
PO BOX 1253
SOUTHGATE, MI 48195-0253

DISCOVER BANK
CMS/PROD DEVELOP
PO BOX BO 15316
WILMINGTON, DE 19850

EDWIGE HABAMUNGU
MUBONZI
1045 CLEVELAND AVE S APT 16
SAINT PAUL, MN 55116-3820

ENTERPRISE RENTAL CARS
110 S 10TH ST
MINNEAPOLIS, MN 55403-2516

FIGURE LENDING
15720 BRIXHAM HILL AVE 300
CHARLOTTE, NC 28277

GROW CREDIT
1447 2ND ST STE 20
SANTA MONICA, CA 90401-3404

HIGHLAND TERRACE
1045 CLEVELAND AVE S
SAINT PAUL, MN 55116-1841

I HEALTH
PO BOX 860596
MINNEAPOLIS, MN 55486-0525

ILLINOIS TOLLWAY
PO BOX 5544
CHICAGO, IL 60680-5491

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

KLARNA INC
629 N HIGH ST FL 300
COLUMBUS, OH 43215-2929

LIFEBACK LAW FIRM
BANKRUPTCY
1500 1ST AVE NE STE 111B
ROCHESTER, MN 55906-4170

MAYO CLINIC
200 1ST ST SW
ROCHESTER, MN 55905-0001

MESSERLI & KRAMER
3033 CAMPUS DR
PLYMOUTH, MN 55441-2651

MINNESOTA UROLOGY P.A.
PO BOX 14000
BELFAST, ME 04915-4033

NAVY FEDERAL CREDIT
UNION
GENERAL CORRESPONDENCE
PO BOX 3000
MERRIFIELD, VA 22119-3000

NORTH DAKOTA DEPARTMENT
OF HEALTH & HUMAN
SERVICES
600 E BOULEVARD AVE
BISMARCK, ND 58505-0601

SEZZLE INC
251 1ST AVE N
MINNEAPOLIS, MN 55401-1644

SPRING OAKS CAPITAL
1400 CROSSWAYS BLVD STE 100B
CHESAPEAKE, VA 23320

UNITED ACCOUNTS INC
COLLECTIONS
PO BOX 9331
FARGO, ND 58106-9331

UNITED STATES TRUSTEE
300 S 4TH ST STE 1015
MINNEAPOLIS, MN 55415-2247

UPSTART
756 E WINCHESTER STREET STE 100
SALT LAKE CITY, UT 84107

US BANK CACS CC
PO BOX 108
SAINT LOUIS, MO 63166-0108

USCB AMERICA
355 S GRAND AVE 3200 BOX 306
LOS ANGELES, CA 90071-1560

WALKER & WALKER LAW
OFFICE
4356 NICOLLET AVE
MINNEAPOLIS, MN 55409-2033

ZIP INC
PMB 59872
228 PARK AVE S
NEW YORK, NY 10003-1502